



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/016,053	
	Filing Date	12/06/01	
	First Named Inventor	MALCOM R. MELANCON, et al	
	Art Unit	3632	
	Examiner Name	SCHULTERBRANDT, KOFI A.	
Total Number of Pages in This Submission	3	Attorney Docket Number	RA-1658

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Continued Examination (RCE) Transmittal PTO/SB/30.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Petition for Extension of Time Form PTO/SB/22.
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks <div style="text-align: center;">RECEIVED OCT 10 2003 GROUP 3600</div>	3. Check in the amount of \$440.00 to to cover Request for Continued Examination and Extension of Time.
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		4. Stamped postcard.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DAVID L. RAY, Attorney for Applicant
Signature	
Date	October 7, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
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